C/ST

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-015-20215

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No. 19053

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: Resler Yates State

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injection Well

2. Name of Operator Sandlott Energy

8. Well No. # 380

3. Address of Operator P.O. Box 711 Lovington N.M. 88260

9. Pool name or Wildcat

4. Well Location

Unit Letter H : _____ feet from the 32 line and 185 feet from the 28E line

Section 32 Township 18S Range 28E NMPM 647 County Eddy

10. Elevation *(Show whether DR, RKB, RT, GR, etc.)*

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER: Workover Replace Bad Tubing	☑			OTHER:			☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Will Start Pulling Tubing and Replacing Bad Tubing 180 Days or Sooner, Pulling Unit is being Repaired. As soon as Unit is Repaired and Crew is Opptained I will start Proceedures Immdiately.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jackie Brewer TITLE Owner Oper. DATE 11-13-01

Type or print name Jackie Brewer Telephone No. 396-6269

(This space for State use)

APPPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: